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POTT'S DISEASE OF THE SPINE.

[Communicated for the Boston Medical and Surgical Journal.]

BY CHARLES H. SPRING, M.D., BOSTON.

CARIES of the vertebræ has always been regarded as a disease of a serious nature, and it is one for the cure of which many remedies, both medicinal and mechanical, have been proposed since its nature was first described by Mr. Pott, whose name has since been associated with it. Pott's disease being the name by which it is known, angular curvature has been its synonym, as descriptive of the deformity resulting from it. It is unnecessary to describe the pathology of the disease, as it is already well known, and less diversity of opinion exists concerning it than relative to the best method of treatment.

It has generally been regarded as unfavorable to attempt to lessen the curvature resulting from it, and any such attempt is supposed to retard, if not prevent, the recovery. Mr. Liston, Sir Charles Bell, and Dr. Valentine Mott, in alluding to Pott's disease of the spine, object to any attempt being made to reduce the existing curvature; giving as the reason that such a course tends to separate the bodies of the vertebræ, and prevents the process of ossification which is necessary to repair the loss of substance. They place main reliance upon setons, issues and constitutional treatment, together with the recumbent posture, and, in some cases, mechanical support.

It is usually maintained that a cure of this form of disease must necessarily result in a curvature of greater or less degree, according to the duration and extent of the disease; and my object is to show—by a report of cases which have been under my charge—that Pott's disease of the spine is susceptible of a cure without curvature, when taken in the earlier stages, and that even a considerable degree of curvature may be reduced, in the more advanced stage; and also that the reduction of the existing curvature does not prevent the process of ossification, or retard the recovery.

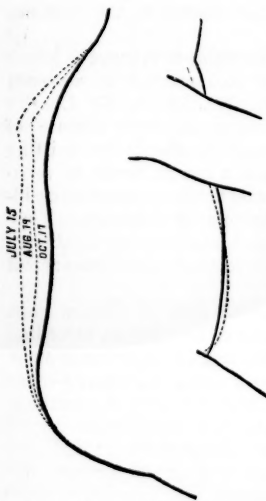
CASE I.—Clara B——, of this city, aged 9 years, was placed
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under my care for treatment of Pott's disease of the spine, September 20th, 1861. Two months previous, she began to lose the use of her limbs; this increased until she was unable to walk, or even stand, without being held by an attendant. This was at first regarded as paralysis, and treated as such; but subsequently attention was directed to the spine, when tenderness was discovered in the dorsal region, at the ninth and tenth dorsal vertebrae. When I first saw the patient, her general health appeared to be good, and the sensation in the limbs was perfect; but there was an almost entire loss of motion. On making percussion over the 9th dorsal vertebra, considerable pain was experienced, apparently in the abdominal muscles. Mechanical support was applied in such a manner as to support the weight of the upper extremities, and relieve the pressure upon the diseased vertebrae. This was re-adjusted from time to time as became necessary, and syrup. ferri iodidi, xx. gtts. ter die, was given, with manifest improvement. The use of the limbs has been entirely regained, and the patient walks with ease to my office, which is a mile distant from her home, and is able to walk up and down stairs without assistance.

In this case there has been no perceptible curvature, as the paralysis began so soon after the disease commenced in the vertebrae, that all curvature was prevented by the application of mechanical support.

CASE II.—A son of Mr. Lucius Dennison, of Chelsea, aged 3 years, was placed under my care for treatment of Pott's disease of

FIG. I.



the spine, July 15th, 1861. The disease commenced six months previous, in the fifth dorsal vertebra, and soon involved the sixth. When I first saw the patient there was a considerable degree of curvature—as may be seen by the outer dotted line in the engraving (Fig. I.)—and it was increasing rapidly; the head was thrown back upon the dorsal region, as is usually the case where much curvature exists. There was considerable dyspnoea, and the patient was easily fatigued by slight exertion; but little pain was experienced, though a slight jar would produce it; there was a general condition of ill health, and the patient had been failing somewhat rapidly. The head was large, the hair light, the abdomen enlarged, and there were other indications of a scrofulous condition of the system.

The treatment in this case consisted principally of mechanical support, so applied as to relieve the weight

resting upon the diseased vertebræ, and to gradually restore the spine to its original position and reduce the existing curvature. The outline of the back, as taken at three different times, is shown in Figure I., together with the dates; the outline only is given, as that is all that is essential to show the progress of the reduction. The pressure upon the projecting vertebræ was gradually increased, and so arranged as to be constant, in order to retain whatever improvement had been made.

In these cases I have made use of an apparatus constructed after the manner of ordinary corsets, with springs of tempered brass wire, bent in the manner shown in Fig. II. The advantage of such a spring is that greater mobility is thus given than by any other means, and yet it affords all the support and pressure that may be needed. It is so arranged as not to interfere with the action of the chest in respiration, or press unduly upon the abdomen; two points extremely desirable to be attained in any apparatus for spinal curvature. The patients were allowed to walk about as they felt inclined, no restraint being needed, the support remedying the weakness of the spinal column. It is the apparatus used by Dr. J. A. Wood—formerly of this city—and described by him in the *New York Journal of Medicine* a few years since.

In most of the cases of Pott's disease of the spine that I have met with, the paralysis consists of a loss of motion, while there is but little or no loss of sensation, except in extreme cases. The reason for this, assigned by Sir Charles Bell, seems to be the most rational; it is, that the inflammation, except in severe cases, is mostly confined to the bodies of the vertebræ, and would be most likely to affect the anterior branches of the spinal nerves, which are the nerves of motion. Mr. Liston thinks it is caused by the curvature being with the convexity posteriorly, which produces pressure upon the anterior branches of the spinal nerves; but in Case I. there was no curvature, and yet there was almost entire loss of motion, with unimpaired sensation.

January 28th, 1862.

F. II.



THE VARIETIES AND TREATMENT OF WHITLOW.

[From "Traité de Chirurgie Navale," par LOUIS SACREL, Chirurgien de la Marine.]

TRANSLATED BY THOMAS WELSH, M.D., ACTING ASSISTANT SURGEON U.S.N.

By the term whitlow is meant a phlegmonous inflammation of the fingers. Its ordinary causes are the same as those of circumscribed phlegmon generally; but pricks, contusions and burns are the most common. These external causes are sometimes wanting, however, and the disease appears to be spontaneously developed. Attentive

observation proves that atmospheric influences are far from being an unusual cause; thus it has been observed that it is more common in winter than in summer, and in cold than in warm countries. Dr. Dechange reports that he has seen many cases on the passage around the Cape of Good Hope, and my own observation proves the pernicious influence of a low temperature. M. Ramonet, Surgeon of the Sarcelle, in her cruise in the Southern Seas (1853-6) states that in going into the Frigid Zone, from La Plata to Valparaiso, an epidemic of whitlow occurred. Twenty-four hours after the slightest prick or contusion of the fingers, the inflammation made rapid progress. Certain medical atmospheres predispose to this affection; thus there are countries where this disease is endemic, but more frequently it appears in an epidemic form.

On board of vessels this epidemic is frequently coincident with one of furunculi. Reports of many cruises mention this peculiarity. Coincidentally with whitlow, there is a deranged condition of the *primæ viæ*. An administration of an emetico-cathartic ameliorates almost always the local inflammation.

The symptoms of whitlow are not always the same, varying according to circumstances, and especially to the tissues of the hand and fingers where the inflammation originates. Authors have admitted four distinct species and varieties:—

- 1st. That which is situated between the skin and epidermis.
- 2d. That of the cellular tissue under the skin.
- 3d. That of the tendinous sheaths.
- 4th. That of the periosteum.

This division is not only anatomical, but is founded on numerous clinical observations. The difference of seat affects the progress and consequences of the disease. Thus the two first varieties remain ordinarily limited to the part attacked, and are not attended with any immediate danger; whilst the third may extend, by following the sheaths of the tendons, to the hand and forearm; and the periosteal variety may be followed by caries or necrosis of the phalanges. It must, however, be remarked that this division into many varieties is far from being absolute; for inflammation of the periosteum and synovial sheaths may exist without inflammation of the cellular tissue. The most simple varieties are, then, the only ones which can appear isolated.

Among carpenters, blacksmiths, and sailors, who are occupied with rude manual labor, the epidermis of the hand becomes abnormally thickened; this thickness may amount, in certain parts, to as much as one or two millimetres. Its hardness is correspondingly increased, so that the fingers and palm of the hand are enveloped in a horny covering, nearly inextensible. The tactile sensation of the skin is undoubtedly very much diminished, but this excessive thickness of the epidermis, which protects it from a certain number of traumatic agents, becomes a source of pain and complication when the hand is the seat of inflammation. Then the pain is so much the

greater as the thickened epidermis effectually opposes the inflammatory expansion. I have seen these intense characteristic pains cease or diminish so soon as the epidermis has grown thin or been divided.

Erysipelatous whitlow is that form which is developed beneath the epidermis, on the surface of the dermis. It consists in redness and slight swelling of that portion of the dermis which surrounds the root of the nails, with a pulsative pain and rapid formation, in a few hours, of pus or purulent serosity, which collects between the skin and epidermis. It is ordinarily necessary only to excise the epidermis and apply an emollient cataplasm to obtain a rapid cure, followed sometimes by the loss of a nail.

The symptoms just indicated are light in the greater number of cases; but they are not so with those whose epidermis is thickened, as spoken of above. It is very difficult, at first, to tell if we have to do with an erysipelatous or phlegmonous whitlow. Indeed, erysipelatous inflammation is not always limited to the circumference of the nail. It may begin at any other point of the fingers, or, after having commenced near the nail, extend to all the surface of the finger and even to the hand. Then a more or less marked swelling of the hand takes place; the patient complains of very great throbbing pain; has no sleep, and great jactitation, the same as in the phlegmonous form of the disease. At the commencement of the trouble it is difficult, if not impossible, to recognize fluctuation, although there is at this time some pus formed. An incision down to the dermis ends these disorders; pus or purulent serosity comes out, and the pain ceases, as if by enchantment, without a division of the dermis. But the inflammation is not in every case limited to the part of the skin at first attacked; frequently the whole circumference of one or many fingers is affected. If we are contented to make a single incision, only a momentary relief is afforded. To obtain a cure, all the epidermis must be detached with the scissors or bistoury; wherever pain is experienced, it must be thinned. This practice has always given me the happiest results.

Erysipelatous whitlow is the most common of the varieties observed on board ship; phlegmonous a little less so. These two varieties occur frequently, isolated, but they are found sometimes united. Sometimes the inflammation commences in the dermis and extends thence to the cellular tissue; whilst the reverse takes place at other times. This form is manifested by symptoms similar to those we have described, only they are more intense. A painful tension comes on in the pulp or palmar region of the fingers, and extends sometimes to their dorsal aspect; the bright red of the commencement becomes deeper; the pain is acute, frequently excessive; the collateral vessels are strongly pulsative; pus is formed very early, and is distinguishable by an increase of pain and a change in the color of the part, which is softer, and sometimes fluctuation. So long as the disease is limited to the cellular tissue, the local and general symptoms are of a moderate intensity; but, if the tendinous

sheaths are attacked, the morbid phenomena increase in gravity. Then the tension is extreme, the pain is lancinating and intolerable; the swelling gains rapidly on the neighboring parts; the palm of the hand, the wrist, the fore-arm, and even the arms, are sometimes affected. The swelling of the axillary glands is constant. General distressing symptoms then manifest themselves, such as fever, vomiting, delirium and convulsions, agitation and want of sleep. Abscesses are formed in all the parts affected; they produce considerable destruction of tissues, and are sometimes followed by gangrene, exfoliation of tendons, &c. Lastly caries and necrosis may supervene, when the inflammation has extended to the periosteum.

Whitlow is not exclusively situated in the fingers; for under the same name is included phlegmon of the hand. Much less common than that of the fingers, but much more serious, whitlow of the hand affects only its palmar surface. When pus is formed on its dorsal aspect, it is almost always by the extension of the disease situated in another part. This form is sometimes primitive, sometimes consecutive like that of the fingers; it may be erysipelatous, phlegmonous, fibrous or periosteal, but it usually presents the characteristics of true phlegmon. In this case the pus forms rapidly, with a great tendency to make an exit. It makes its way to the commissure of the fingers on their dorsal side, because it is conducted by the fibrous layers, and the skin offers less resistance at that point. When this phlegmon attacks the sheaths of the tendons and the deep tissues, it becomes much more grave than in the preceding form; all the disastrous consequences mentioned in speaking of whitlow of the fingers, may take place in a very short time.

The treatment of this disease has been divided into preventive, and curative. It would undoubtedly be a happy result to prevent its development or arrest it when commenced; and if it were possible to commence the treatment quite at its onset, suppuration perhaps could be avoided and resolution effected. But the surgeon, unfortunately, is not consulted until the pain has become intolerable and suppuration has already commenced. The disease has then, if we may call it so, a fatal course, and the pus must either make an exit for itself, or the surgeon favor its issue by means of a greater or less number of incisions of greater or less depth.

I shall omit mention of all the asserted abortive methods of treatment, almost always useless and productive of loss of valuable time. Those only which can be relied on with confidence are the local antiphlogistics and cataplasms of mercurial ointment. If by their use the inflammation is not resolved, there will always be the advantage of moderating it and limiting the suppuration. The only really abortive treatment, which can arrest the progress of the disease, is by incisions, practised as early as possible. These are very painful, and should be made at the point where the pain is most severe, which is ordinarily at the middle part of the palmar surface of the finger. They ought to be extended through the length of the inflamed

part, and should be deep in proportion to the gravity of the disease. We can scarcely understand why surgeons of distinction should oppose the practice of incisions at an early period. In spite of his talent, M. Roux has been able to convince only a few of their impropriety, and incisions with a bistoury still remain the best method of treatment.

There is the advantage, in making early incisions, of producing an almost immediate cessation of pain, preventing the extension of inflammation, which remains localized in the parts primarily affected, and of protecting the fibrous tissues against the changes resulting from the prolonged contact of pus. If we are not consulted until suppuration has commenced, incisions are then indispensable, and are to be made in the parts where fluctuation is perceived. The bistoury is plunged down to the pus, and the tumor divided in its whole length. When the pus has reached the tendinous sheaths and the periosteum, the incision must be made down to them, to avoid the exfoliation of tendons and the alteration of the bones, which succeed so often to deeply-seated whitlows. A single incision is generally sufficient; but if the pain returns, this symptom must be followed up with the bistoury wherever it appears.

After the incision, the discharge of blood and pus must be favored by keeping the hand immersed for some time in warm water, or a poultice; the wound afterwards to be dressed with lint and cerate, or a poultice. These measures must be continued until every trace of inflammation has disappeared; and the solution of continuity should be treated as an ordinary wound, by bringing together its edges and keeping down fungous granulations.

The constitutional symptoms should be treated by diet and emollient drinks; and emetics and purgatives should be administered, when symptoms of gastric or intestinal disturbance are present. They would also be useful as revulsives.

The complications and sequelæ of this disease, such as consecutive abscesses, exfoliation of tendons, caries and necrosis of the phalanges, must be treated by appropriate measures, into the details of which I shall not enter.

FOREIGN BODY IN THE BRONCHIA—MORBID EFFECTS—RECOVERY.

[Read before the Middlesex (Mass.) East District Medical Society, January 19th, 1859, by S. A. TOOTHAKER, M.D., and communicated for the Boston Medical and Surgical Journal.]

In December, 1857, a son of John L. Howard, of Wilmington, aged 18 months, suddenly became strangled, while being washed, as if from some foreign substance in the pharynx. The mother's finger, introduced as a curved probang, soon brought out of his mouth the round extremity of a custard-squash seed, being about two fifths of its original length. The pointed end of the seed was not to be found. The symptoms of strangulation soon ceased; but immedi-

ately after, the child suffered from an oppressed and wheezing respiration, strikingly resembling that of an asthmatic patient. Severe paroxysms of cough immediately supervened.

This state of things continued, with but little apparent change, for some months. At times, the cough would become more teasing, and the respiration more oppressive. Small emetic doses of ipecac were given, and the resulting nausea afforded some relief. Thus he lived along, between hope and fear on the part of his parents, for three quarters of a year. A severe cold at length increased the symptoms, which assumed a graver type. The little patient lost his appetite, refused his toys, would not get upon his feet, grew pale, and became much emaciated. Distinct rales were heard at a distance from his crib, much of the time in another room, and the case presented little prospect of a favorable issue. Wine of antimony and ipecac sufficient to produce emesis would cause a free discharge of mucus from the air-passages, and give temporary relief. Syrup of senega was also given, with apparent benefit. The extreme debility, inappetency, and paleness, with hectic flush every day, appeared to indicate quinine as a remedy. This was tried, with much advantage. The patient seemed better than for some weeks previous; his appetite improved, and he seemed more inclined to amuse himself. Finally, on Saturday, November 6th, a little bloody matter was for the first time expectorated, and, the next day, during a paroxysm of coughing, the pointed end of the squash seed was ejected, which eleven months and five days before had been drawn into the trachea in consequence of dashing cold water on his face, and had found a lodgment in the right bronchus. The shell of the seed only remained, which I here exhibit. It measures, in its present dry condition, some ten weeks after its expulsion, more than half an inch in length by nearly three eighths in width. It was filled with a pus-like fluid.

There was an immediate improvement in the little fellow, the respiration becoming easy, and the flesh and strength increasing. He is now well.

CONSERVATIVE SURGERY—DRESSING AFTER LOSS OF FINGERS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was much pleased with the article of J. S. in the JOURNAL of Jan. 30th, on "hay-cutter" amputations, and I can fully endorse the sentiment it contains. I have had a fair share of experience in that kind of amputations, and have never seen any unfavorable result from the mode of treatment practised by J. S., nor any untoward circumstances attend the healing of the wound, except in two cases, in which, at the earnest request of the patient or his friends, I endeavored to secure the re-union of the severed ends. In these cases I was obliged to remove the partially re-united portions

with the scalpel. I have seen cases reported where perfect union has been effected after complete separation; but the cases are so rare, and the trouble attending the treatment so great where the object is not obtained, that I very much question the expediency of making the attempt; especially, as, when the desired result is attained, the injured member, from the low vitality generally recovered in the restored portion, is of little use for the purposes of tact; and, moreover, is usually so numb and painful under low temperature as hardly to be compensated for by the better looks of the finger. Such has been my experience and observation in such cases, that I should not, except perhaps under the most favorable circumstances, attempt to restore the severed ends.

But my principal object in this communication is to give my method of dressing this kind of wound. It may not be new to the profession, though I have never seen it recommended or adopted but by myself. "Necessity is the mother of invention." Some years since, I had the misfortune to lose the ends of three of my fingers by the above means. A surgeon happening to be in the vicinity, I got him to dress the wound. He proposed, "*secundum artem*," to remove the ends of the bones; but I thought, with J. S., "'tis enough." There is quite a difference between *operating* and being operated upon; and I believe if some of us were more frequently the *operatee*, instead of the operator, we should, perhaps, oftener hesitate to use the knife in cases of questionable *necessity*. At the time of my accident, I had an unusual amount of business to do, and for a week or more my fingers were exceedingly troublesome and painful, and I found it very inconvenient to use my hand; and, besides, it required more time to dress my fingers than I could well spare. I thought some better method might be found to protect the stumps from injury, to facilitate the daily dressing, and to enable me to use my hand with greater freedom; and the following plan occurred to me. I made a bandage of linen, about an inch and a half wide, and of sufficient length to form half a dozen turns round the finger. I applied it so as not to obstruct the second joint, and to project beyond the stump half an inch; this I saturated thoroughly with collodion, which, when dry, formed a complete case, adhering firmly to the finger, and impervious to water. The end being left open, permitted the easy application of a small pledget of lint armed with cerate, the daily renewal of which, and cleansing with soap and water, requiring about five minutes, was about all the further trouble I had; being able to use the hand with about as much ease as the other. I could strike the ends of my fingers, or rather the end of their case, with any reasonable force, against any hard substance, without hurting.

This method I have employed ever since, in section both of fingers and toes, whether by clean cutting instruments or other means. I wait for the inflammation and swelling, if there be any, to subside, before I apply the *collodion* bandage, which is permitted to remain until the granulation is completed.

This improvement (for such, from experience, I know it to be) may be thought by some a small matter, and hardly worthy the space the description of it may occupy in the JOURNAL; yet when we consider the length of time it requires for such wounds to heal, the great sensitiveness of granulating surfaces, especially of the organs of touch, the constant fear and danger one has of hurting the stumps, the inconvenience of using the hand (patients sometimes feeling obliged to carry their hands for weeks in a sling), and the time required for the daily dressings, certainly any method by which such a condition of things can be obviated, or measurably relieved, will be found worthy of a trial. The patient, at least, will appreciate it.

I have recently had a case in which most of the first joint of the thumb was carried away by the accidental discharge of a gun. I at first dressed the wound with the usual bandage, and after three or four days, when the inflammation and swelling had subsided, I applied the stiff bandage. From this time there was little or no further trouble; the patient, who was a farmer, continued and performed his usual business, with hardly an hour's loss of time from the injury.

Yours truly,

A. D. B.

Sharon, Mass., Feb. 19th, 1862.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 10th. *Purpura attended with Cerebral Hemorrhage; Death.*—Dr. GAY reported the case, as follows.

C. B., æt. 55, deaf and dumb since he was two years old, had a slight hæmorrhage from his nose and some spots on his legs for two or three days previous to my seeing him, Jan. 21st, 1862. The amount of blood had not been large, and no particular alarm had been felt, as he appeared to be in as fair health as usual, without any complaining, taking his customary outdoor exercise, and eating his ordinary quantity of meats, vegetables and other articles. It was to the appearance of his legs, that attention by himself and wife was particularly directed. On seeing him at the first visit above mentioned, it was at once clear that it was a case of purpura. Both legs below the knees were speckled thickly with different colored and sized spots. Both feet presented also the same appearance. Most of the spots were purplish red, varying in size from a pin's head to a pea, and between them were ecchymosed streaks running in various tortuous directions. On the thighs, arms and body, the ecchymoses were larger, some of them nearly an inch in diameter, and looking like an ordinary black-and-blue spot. On the tongue, were two or three spots, as large and round as a pea, of the usual color of a coagulum, and very hard to the feel. On the roof of the mouth there were fine ecchymosed streaks. At the tip end of two or three of the fingers was a bluish spot, like a so-called blood-blister, hard, and tender on pressure. At no other part of the body was there any tenderness on pressure. There was

no heat of the skin and no febrile symptom, nor any peculiarity of the pulse.

The treatment prescribed was a nutritious diet, lemon juice, the citrat. ferri et quiniæ and the elix. vitriol. In about ten days the symptoms had so much improved, that the visits were discontinued. From that time he seemed to improve till the morning of Feb. 5th, when, without any apparent cause to him or his family, the bleeding again commenced from his nose, at times very free, though giving no alarm to him. When called, at 10, P.M., to see him, the blood was dropping from his nostrils and posterior fauces. As the report indicated a considerable loss of blood, an attempt to check it was made with the sol. perchlorid. ferri, both as an internal remedy and as a gargle, and some was also to be syringed into the nostrils. About 8 o'clock the next morning, Thursday, I was called to see him on account of a slight fit he had just passed through. From the description of it, it seemed as if it might be a short syncope, from debility from the loss of blood. Directly on reaching home, another messenger came for me, because of a second fit. On again seeing him, it occurred to me that there might be an extravasation upon or into the substance of the brain. The fits were of two or three minutes duration only, and were attended with entire unconsciousness, and with muscular twitchings of the face and limbs. On coming to himself he was bright and cheerful, perfectly conscious, with no confusion of ideas, no headache, and with no complaint of any part of his body. On consultation with Dr. Ware, Sen., in regard to the cerebral disturbance, it was reasonably feared that an effusion of blood was connected with this new trouble, notwithstanding the absence of many of the symptoms so usually attendant upon it. During the rest of the day and following night there were more fits, amounting in all to nine, each of about the same duration, and each leaving him as above mentioned, so that, Friday morning, at my visit he recognized me, smiled, stated his feelings to his wife and daughter, and made no complaint of pain or suffering. All external hæmorrhage had now ceased. During the day, there was a vomiting of a small quantity of blood, perhaps some that had been swallowed. On Saturday morning his mind was as before. For the first time it was noticed that there was paralysis of the left arm, though the nurse said she saw him, the night previous, raise up this arm with the right hand. Observing this, he was asked to raise the left leg, which was immediately done with ease. There was still sensation in the left arm. There had been no more fits, though the nurse thought she had stopped the appearances of them once or twice by giving a little ether. At 6, P.M., there was no motion in the left leg, though there was feeling. He now complained of pain in the right side of his head and forehead, slapped with his hand there and upon the bed-clothes. In a short time he became more quiet, and showed very sensible signs of sinking, though he remained conscious and conversed with his wife and daughter until midnight, after which he gradually became weaker, and died between 5 and 6, A.M., on Sunday.

Post-mortem examination in the afternoon of the same day.

On removing the skull-cap, the surface of the dura mater was found unusually dry. The veins beneath appeared empty, and there was an extensive discoloration from blood upon the upper anterior portion of the right hemisphere. The dura mater was then removed, and sections were made of the left hemisphere, which was throughout unusually firm and dry.

A thin section was then made of the right hemisphere, which traversed a large coagulum, two inches or more in diameter, and very firm. A deeper section went through a much larger, though still firm coagulum, of a more elongated form, say four inches in length. A still deeper section was nearly on a level with the floor of the ventricle, and the coagulum was found as firm and extensive as in the previous section. On further examination, the origin of the extravasation was traced into the corpus striatum, in its anterior half.

There was a small extravasation of blood into the right lobe of the cerebellum.

The lungs were healthy and crepitating throughout. The posterior dependent portions were more than usually black with liquid blood.

There were some ecchymoses upon the heart. The other organs were found healthy.

Dr. Gay thought it remarkable that, with so extensive a lesion of the brain, the patient should have preserved his consciousness almost to the last.

Dr. TYLER had been called, thirteen years ago, to a young lady, 18 years old, who was convalescent from an attack of bilious fever. The arm was covered with purpuric spots, and she bled from the gums, the bowels and the bladder. She had also copious epistaxis. Perchloride of iron and sulphuric acid were freely used, without relief, but the disease was completely arrested by ergot. In regard to Dr. Gay's case, Dr. Tyler remarked that he had frequently seen cases of coma and of convulsions in which only the slightest amount of extravasation was found. How far the brain, in the present instance, was enabled by the empty state of the vessels to bear the pressure, was an interesting subject for consideration.

JAN. 27th. *Transplantation of Skin for the relief of Contraction from a Burn.*—Dr. CABOT showed the patient, a little girl, 7 years of age, on whom he had performed this operation with entire success.

Three years ago, her clothes caught fire, and she was severely burned about her right hand and arm. At her entrance to the hospital, Dec. 13th, 1860, there were extensive cicatrices over the greater part of the arm, which was flexed to its utmost, and could be but slightly extended on account of a dense, firm cicatrix, occupying the anterior part of the limb to an extent of three inches below and the same distance above the elbow. Dec. 22d, the cicatrix, where it ascended in a point upon the front of the biceps muscle, was dissected up after two cuts had been carried down on each side of it, between it and the sound skin. The arm was extended as much as possible, carrying the V-shaped cicatrix with it, and the sound skin was brought together across the surface thus laid bare, and retained by iron wire sutures. There was some motion gained by this operation, though not very much. On Feb. 2d, 1861, a pointed flap of skin was dissected up from the lower part of the chest and upper part of the abdomen, and the bands of cicatricial tissue having been divided in the bend of the elbow, so that the arm could be fully extended, into the surface thus laid bare the pointed piece of skin was secured by a few stitches, and the arm having been enveloped in cotton, was bent at a right angle and secured to the side. The extreme point of the flap sloughed, but the remainder united perfectly. The operation was completed by continuing the dissection of the skin from the trunk in a V shape, like the first, only having the point in the opposite direction, so that the whole formed an elongated lozenge; and the bands on the inner aspect of the joint

having been divided, and the arm extended, this flap was secured like the first, though of course the arm was no longer secured to the side. The union of this flap was perfect, without any sloughing, in a short time. Subsequently, a subcutaneous band was divided with a tenotome, and the patient left the hospital, May 20th, with almost perfect use of the arm.

Dec. 14th, 1861, she again entered the hospital for the relief of a slight contraction, resulting from the sloughing of the apex of the first flap. This was accomplished by an operation similar to that by which the first slight relief was gained, and she now has the perfect use of her arm.

An interesting feature in the case is, that sensation began in the flap at the point where union first took place, at the angle opposite the pedicle, and gradually spread towards the pedicle, which part was for a long time insensible. The sensation was never referred to the part from which the flap was taken, but always to the arm.

JAN. 27th.—*Colloid Disease of the Rectum.* Dr. JACKSON showed the specimen, which he had received from Mr. Albert Wood, a student of medicine. The patient was a married woman, about 50 years of age, and had been suffering from the disease for three years; her chief symptom being an intense paroxysmal and increasing pain, passing up through the rectum, and as high as the top of the sacrum, and for which she was frequently obliged to take large opiate enemata. There was very little discharge of blood. The patient was naturally thin, but she became very much emaciated, with loss of strength, though able to sit up until the last two weeks. Her complexion was such as is generally supposed to belong to cancer. There were no symptoms of affection of the uterus or bladder, and the case had been regarded by her physician as one of cancer of the rectum.

The disease commenced very near to the anus, and extended upwards two inches and three quarters; involving the whole circumference, excepting half an inch, and, being, for the most part, perfectly defined. The characteristic structure was everywhere strongly marked; and in one part, to the extent of an inch, the disease had penetrated through to the external parts, though this was not observed at the time of the dissection. The edges, to some extent, rose two thirds of an inch above the mucous surface and were rounded; being in other parts quite depressed, though nowhere lower than the surrounding surface. There were traces of superficial sloughing upon the surface; but no appearance of any other than the colloid form of cancer. Just above the anus there was a very narrow strip of healthy intestine; though at the very verge there was a considerable mass of the disease that looked as if it had its seat in hæmorrhoids, and that occasionally protruded during life. The other organs, according to Mr. W.'s report, were quite healthy; excepting the liver, a portion of which was shown by Dr. J., and which was pale and fatty, but quite firm.

Dr. J. remarked upon the severity of the pain as contrasted with the absence of it in a case that was reported to the Society in 1858, by Dr. J. M. Warren, and in which the anatomical appearances strikingly resembled those in the above case.

FEB. 10th.—*Large and unusual form of Mammary Tumor.* Dr. JACKSON showed the specimen, which he had received from Dr. Alfred Hitchcock, of Fitchburg, with the following account of the case:—

"The patient was married, and had one child; age 83; of lymphatic constitution."

tic temperament; light hair and blond complexion. In June, 1860, she first discovered a movable tumor in the right breast, of the size of a hickory nut. The growth has been pretty uniform since that period. She thinks it grew faster the week preceding the menstrual periods; and during that time there was a sense of fulness and dull pain in the growing tumor—but, with this exception, the growth has been painless.

"Feb. 5th, 1862.—The tumor measures twenty-five inches in circumference, is nearly circular, and almost hemispherical; smooth on the surface; skin not adherent. Tumor very movable and somewhat pendulous. Very large veins ramify across the surface, especially about the nipple. The nipple is soft, slightly retracted (which was natural), and not discolored.

"The patient was at her own house, at Orange, and in care of her family physician, Dr. Edward Barton, of Orange. Dr. Andrews also was present, when she was etherized and the tumor removed, at 4 o'clock, P.M. Weight, five pounds ten ounces. The tumor was readily separated; the investing membrane being no where firmly attached, and all the adjacent tissues seeming perfectly healthy. Axillary glands not enlarged."

The disease was well defined; and, on section, showed different appearances in different parts. Towards the surface there was a great deal of the pearly-white, strongly-marked and coarsely-granulated structure that is so often seen in glandular hypertrophy; also, one or two marked cysts of considerable size, the cavity of which was nearly or quite filled by fleshy growths, which were broadly adherent, but quite smooth and polished upon their free surface, as was also the interior of the cysts. The central and larger portion of the mass consisted of a rather coarse and loose structure, abundantly infiltrated with a very viscid fluid, such as is found occasionally in the intra-cystic growths, but without any granular or cystic appearance; there were also a few small and pretty well defined gelatinous masses in this portion of the tumor, the color of which last was nowhere deep, but made up of light and mingled shades of yellow and red. The appearances in the two portions of the tumor passed insensibly into each other; and there were nowhere seen any remains of the gland, nor any appearance of cancerous structure.

Dr. J. regarded it as a non-malignant growth, but thought that it would be very likely to return. Small portions had been examined, independently, by three of our best microscopists; they were taken from near the surface where there was the appearance of glandular hypertrophy, but only one found the corresponding microscopic appearances, and they were by no means strongly marked. The fibroplastic structure was sufficiently distinct. No appearance of cancer.

STRANGULATED UMBILICAL HERNIA.—A very interesting discussion is now going on at the Surgical Society of Paris respecting the treatment of this accident. M. Richet has mentioned a case wherein he succeeded in reducing a large strangulated umbilical entero-epiplocele by cutting down on the neck, but without dividing the constricting bands. He merely dilated the ring with his finger, after the former had been widened by means of probes hooked down at one end. Careful occlusion of the hernial orifice, to prevent the penetration of the secretions of the sac into the peritoneum, was effected by means of strong *serre-fines*, and the patient did well.—*Lond. Lancet*.

Army Medical Intelligence.

At a meeting of the Surgeons and Assistant Surgeons of General Hooker's Division, Lower Potomac, convened Feb. 7th, 1862, Brigade Surgeon Sim, of the Excelsior Brigade, was called to the chair, and A. J. McKelway, Surgeon of 8th Regiment N. J. Vols., was appointed Secretary. The object of the meeting was announced to be the expression of the grief felt at the loss of our professional brother, LUTHER V. BELL, late Brigade Surgeon of this Division. The following gentlemen—Harvey E. Brown, Surgeon 1st Excelsior U. S. Vols.; Ira Russell, Surgeon 11th Mass. Vols.; John Wiley, Surgeon 6th Reg't N. J. Vols.; together with the Chairman and Secretary, were appointed a committee to draft resolutions for the purpose stated. The committee, through the Secretary, reported the following resolutions, which were unanimously adopted:—

Whereas, It has pleased Almighty God, in his providence, to remove from us our esteemed brother Luther V. Bell, late Brigade Surgeon of this Division—

Resolved, That strangers as most of us were to the deceased, yet we deeply deplore his death, because in all our intercourse with him we found him not only the intelligent, educated and skilful physician, but the kind, courteous and Christian gentleman, affable in demeanor and pleasant in manner to all who were brought in contact with him, either in social or business relations.

Resolved, That we tender to the bereaved family our sincere sympathy in this hour of deprivation and sorrow, and pray that the God and Savior who was the consolation and support of our esteemed friend in life's last hour, may sustain and comfort them under the heavy affliction which has fallen upon them.

Resolved, That a copy of the foregoing resolutions, signed by the Chairman and Secretary, be transmitted to the family of the deceased, and also that copies be sent to the *Springfield Republican*, *Boston Daily Journal*, and *Boston Medical and Surgical Journal*, with a request that they be published. THOMAS SIM,

A. J. MCKELWAY, Surg. 8th Reg't } Brigade Surgeon Excel. Brig.,
N. J. Vols., Secretary. } Chairman.

17th Mass. Vols., Baltimore, Md., Dec. 31st, 1861.

SANITARY REPORT.—Although the amount of sickness and number of deaths that have occurred in this regiment are not large, yet I can readily see how much of what did actually happen, might have been averted.

Many of the men enlisted for this regiment were physically unfit for soldiers; some were too young and of slender constitutions; others were diseased, and when put upon full duty were found to be incapable of performing it. Especial care has been taken to remedy this evil by procuring the discharge of unsound men, and by rejecting all unsound recruits.

Another cause of sickness has been change of climate. Most of the men who compose this regiment had been accustomed to the climate of New England. Their removal to a more southern locality, where miasmata existed, was followed by a general prevalence of disease from this cause. But few cases, however, were serious, and all of them recovered.

Another cause of sickness has been the insufficiency in number and poor quality of the tents occupied by the men. Good barracks are, however, now provided. The hospital accommodations have been excellent.

The water used by the troops has been of excellent quality, and the

food and clothing have been ample, of good quality and suitable kind. Cleanliness has been enforced, and intemperance has not existed to a great extent.

The duties and employments of the troops have been such as not to interfere with their good health, except in one instance. Five hundred men of the regiment went to the Eastern Shore of Virginia under Gen. Lockwood, in the month of November, where they remained about three weeks. During their absence one of them died of typhoid fever, and soon after their return to Baltimore, twenty-four of them were taken sick with typhoid fever in a severe form, which proved fatal in six cases. In these cases the disease must have been contracted while the men were in Virginia, but as I was on duty at Baltimore at that time, the causes which originated this disease are unknown to me. I am of opinion, however, that change of climate, irregularities in diet, insufficient clothing and fatiguing marches combined, produced the sickness above mentioned.

ISAAC F. GALLOUPE,

Surgeon 17th Mass. Volunteers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 27, 1862.

WE have been requested to publish the following paper, read before the Scott County (Iowa) Medical Society at its annual meeting, held on the 28th ult., by Dr. C. C. Parry. It will be remembered that Dr. Fountain lost his life, not long since, in consequence, as was said, of taking an overdose of chlorate of potash, in experimenting with it upon himself. We are not aware how far Dr. Fountain's claims with reference to ozone are acknowledged; perhaps the publication of this paper may elicit the truth of the case.

Claims of Dr. E. J. Fountain to the discovery of the Therapeutic Properties of Chlorate of Potash, and to the Priority of establishing a correct Theory of the Nature and Properties of Ozone.—In an early period of his professional career as a practising physician, Dr. Fountain's attention was directed to the investigation of means and agencies for fulfilling in a more satisfactory manner than ordinary remedies afforded, the important indications of promoting an active arterialization of the blood in certain diseased states. In pursuing these investigations, his claims to the discovery of the therapeutic properties of *chlorate of potash* are generally admitted. The frequent and satisfactory use of this article in medical practice, both in this country and in Europe, is undoubtedly due to his persevering efforts and published results in elucidating this subject.

It is not my intention to dwell on this interesting point in the professional career of our lamented associate, but to present his claims to the priority of establishing a correct theory of the nature and properties of *Ozone*.

A truly scientific mind, such as Dr. Fountain possessed, could not be content with a mere crude view of the specific action of a drug on the human economy; but, pushing his inquiries into the reasons and *modus operandi* of this substance, he was led to extend his investigations into the broad field of the general relations of *oxygen* to the human economy. In pursuing this study, he was naturally led to examine the disputed subject of the nature and properties of *Ozone*. In consulting standard authorities on this point, he could arrive at no satisfactory conclusions, from the many diverse and opposing views presented by different authors. In this state of the case he applied himself to a personal investigation of the subject, and, by a series of very simple experiments, he soon was convinc-

ed that all these opposing views could be reconciled by adopting the explanation that *Ozone* was, in fact, nothing more than a peculiar condition of atmospheric oxygen. This peculiar condition he explained to consist in its recent separation from some of the numerous compounds in which it occurs, thus setting it free in a *nascent* state, in which it possesses peculiarly active properties. In fine, to use Dr. Fountain's own words, *Ozone* is nothing more nor less than *nascent oxygen*. Following out this simple view, he found at once the key to explain all the disputed points in reference to this obscure subject, and to establish a theory, the simplicity and clearness of which go far to establish its truth. Notwithstanding, however, the assurance wrought in his own mind, Dr. Fountain, with a modesty and zealous care most commendable in an important scientific discovery, did not make his views public, certainly for several months. I think it was in the summer and fall months of 1859 that these investigations were made and the conclusions arrived at. In frequent conversations with him in the winter of that year, I was first made acquainted with his views, and encouraged him to continue his investigations. It was at a Teachers' Institute, held at Davenport in December, 1859, he delivered a public lecture, in which these views were first publicly announced, though they were substantially embodied in the July number of the *New York Journal of Medicine*, 1859. Subsequently, having more thoroughly elaborated his views, he presented them in a very able paper read before the National Medical Association in June, 1860, which paper was subsequently published in the *American Medical Monthly* for September of the same year. This completes, as far as is necessary for our present purpose, the history of Dr. Fountain's connection with the investigation of the true nature and properties of *Ozone*.

It only remains to notice that this view, so early adopted and ably explained by Dr. Fountain, has been since adopted by eminent chemists, and may now be regarded as the accepted, rational theory. In the July number of Silliman's *Journal* for 1861, is a communication from T. Sterry-Hunt's *private* letter to the editors of that *Journal*, dated as far back as January, 1860, in which the above views were substantially adopted, but being a private letter they were not made public.

Questions of priority in the discovery of important scientific facts or useful applications, have frequently given rise to acrimonious discussions, and a zealous personal controversy unworthy of the disinterested champions of truth; but it still involves rights that should be sacredly guarded, as one of the stimulating rewards of laborious scientific investigation. Especially as in the case before us, where the self-sacrificing student has fallen in the midst of his unfinished labors, should his claims be sacredly regarded by those he has left behind, and the laurels nobly won be permitted to rest, undisturbed and unfaded, upon his tomb.

We regret that we have no data by which to substantiate Dr. Fountain's claim, as above set forth, to the discovery of any peculiar therapeutic properties in chlorate of potash. Certain it is, that the supposed oxygenizing of the blood by the use of this salt was the first inducement which led to its use in medicine. This was in accordance with the theories of the distinguished chemist Fourcroy, about the year 1796. It was used in France by M. Alyon as a remedy for syphilis, and in England by Messrs. Rollo and Cruikshank. It was subsequently employed, on the same theory of its action, in the treatment of typhus and scurvy, particularly by Thomas Garnett, of Glasgow, who made a careful calculation of the exact amount of oxygen which a given quantity of the chlorate can impart to the economy. A singular theory this, says Isambert, which attributes so much importance to the action of a few cubic centimetres of this gas which the chlorate of potash can furnish to the system, if taken in a dose of fifty centigrammes [about seven grains and a half], when it penetrates every moment into all our organs, in much larger quantity, through the organs of respiration.

Since the time of the first experimenters it has been repeatedly tried

as a remedy for chorea, neuralgia, icterus, &c. Hector Chaussier experimented boldly with this salt upon himself, and published the results in 1819. On the continent it fell into disuse for many years, and we next hear of it in England, where Mr. Hunt, in 1847, employed it as a remedy for gangrene of the mouth in children. West, also, made use of it in ulcerative stomatitis, Sayre for phagedenic ulcers, and it began to be used once more on the continent of Europe. Finally, Simpson employed it, in cases of placental hæmorrhage, in the last stages of pregnancy, *to furnish oxygen to the fœtus*.

In 1855, Messrs. Herpin, of Geneva, and Blache, called the attention of French physicians to the great value of the chlorate of potash as a remedy for mercurial stomatitis, certainly one of its most valuable applications. M. Blache extended his experiments to the other forms of stomatitis, with marked success, and was the first to announce that this salt is eliminated by the urine. M. Isambert, also, an interne of the hospitals of Paris, in 1855, entered with great zeal into the investigation of the properties of this drug, and has written a most complete and admirable treatise upon it, from which we have condensed the above facts. He shows that it is eliminated from the system principally by the urine, the saliva, the nasal, buccal and bronchial mucus, and the perspiration.

It is a singular circumstance, that, notwithstanding the chlorate was first employed as an oxydizing agent, and has so often been used since on the same theory, M. Isambert found that it is neither fixed nor decomposed in the economy, and is very rapidly eliminated in the form in which it is introduced, and consequently *furnishes no oxygen to the system*! It passes off so rapidly, that in five minutes after being taken it can be detected in the saliva, and ten minutes after in the urine; and at the end of half an hour, the elimination has reached its maximum of intensity. Dr. Isambert took twenty grammes (about three hundred grains) daily, for a number of successive days, without any marked constitutional disturbance.

It is remarkable that a salt, apparently so innocuous, should be chargeable with the death of Dr. Fountain, and should produce such astonishing curative effects, as it unquestionably does, in certain diseases.

We publish these facts, not to detract from the merits of the lamented Dr. Fountain as an experimenter. We are sorry to be compelled to say that we are unacquainted with his published researches. It is evident, however, that more is claimed for him in the paper of Dr. Parry than the facts of the case warrant. Dr. Isambert's treatise on this substance has been truly characterized by Trousseau as a remarkable work. It was published in Paris, in 1856, and is worthy of all confidence as a faithful, thorough, and seemingly exhaustive essay on the subject. We can confidently recommend its perusal.

STRANGULATED FEMORAL HERNIA IN A VERY AGED PATIENT.—Dr. Robert Harper relates, in the London *Lancet*, a case of hernia in a woman 95 years old. The usual operation was performed, and the case is remarkable only on account of the patient being, as Dr. H. says, the oldest person by many years who ever underwent the operation. On the thirteenth day the wound was quite healed, but occasional attacks of dyspepsia prevented her gaining strength, so that she kept her bed; and in a few weeks a troublesome attack of hæmorrhoids

came on, frequent bleedings took place, and she sank, and died in just seven weeks after the operation.

LONGEVITY AMONG OPIUM EATERS.—Dr. Harper states, in connection with the above case, that frequent instances of longevity occur in Holbeach, situated in what is called the Fen District, where he resides. He says that at one time last winter he had under his care in the Dispensary fifteen persons of the average age of 76. This is the more surprising, as opium-eating is very common there, many of the lower classes eating from a quarter to half an ounce of solid opium weekly. It is a popular remedy for all ailments—the doctor, on being sent for, often finding that the patient has, before sending, taken “a bit of opium about the size of a pea.” Infant mortality is high.

TRAINED NURSES.—Efforts are making in various parts of England, to secure, for the benefit of both the poor and the rich, a higher class of professional nurses. The Nightingale Fund, subscribed by the people of the country at large, is intended for this purpose; and mention is made in the *Lancet* of the Protestant Sisterhood of St. John's House, of a special provision at St. Thomas's Hospital, an appropriation for the Jews by the Baroness Lionel de Rothschild, and, more recently, a scheme in connection with the Liverpool Infirmary—all intended to supply for the public a corps of skilled and trustworthy nurses. At the latter place, the nurses will pass through a period of four months probation and eight months actual service.

AMERICAN JOURNAL OF OPHTHALMOLOGY.—Dr. Julius Homberger has issued a Prospectus of a new journal with the above title, to be published in New York, bi-monthly, at \$2 per annum. It is stated in the Prospectus that Dr. H. was a pupil of De Graefe, was late Assistant to Dr. Sichel, Paris, and is a member of the Société Universelle d'Ophthalmologie, &c. We wish him success in his new enterprise. L. W. Schmidt, 534 Broadway, above Spring St., is to be the publisher.

SUIT FOR MAL-PRACTICE.—The case of Peter Bryson *vs.* Dr. Thomas Frye, of Rockland, Me., in which damages were claimed in the sum of \$10,500 for mal-practice in the treatment of a fracture of the thigh bone, and which has been before the courts for three years past, was lately dismissed from the Supreme Court; and a counter suit of the Doctor against Bryson for *services* has resulted in judgment for the plaintiff.

MILITARY TRIBUTES TO SURGEON LUTHER V. BELL.—At the assembling of the General Court Martial for Hooker's division, on the Lower Potomac, the 12th day of February, 1862, the death of Surgeon Luther V. Bell, Medical Director of the Division, having been announced, appropriate resolutions were unanimously passed.—At a meeting of the officers of the 11th Regiment Mass. Volunteers, of which Dr. Luther V. Bell was formerly surgeon, resolutions, expressive of the high estimation in which he was held by the officers of this regiment, were unanimously adopted, and signed by all present.

MEDICAL MISCELLANY.—The 1st volume of a new edition of Cooper's Surgical Dictionary, brought down to the present time, by Samuel A. Lane, Lecturer

on Surgery at St. Mary's Hospital, &c., assisted by various eminent surgeons, has just been published by Longman & Co. in London. Much of the work has been entirely re-written, great additions have been made, and it now sums up, says the *Lancet*, "as perfectly as any cyclopædic dictionary can, the whole science and art of surgery, as it is practised and taught in modern days by the ablest surgeons and best authorities."—An instrument has been designed in London by A. Coleman, Esq., M.R.C.S., and Dental Surgeon to the Metropolitan Free Hospital, for the administration of chloroform through the nose in operations on the mouth.—The sum of £42,000 has lately been subscribed in Leeds, England, for the establishment of a new infirmary there.—At Charing-Cross Hospital, London, potassio-tartrate of iron has lately been used with decided benefit in a case of rheumatism of erratic character, which had for three years been subject to various treatment without improvement.—On a recent occasion, at the University College Hospital in London, five different amputations were performed on as many patients by Mr. Erichsen and Mr. H. Thompson. The amputations were, of the thigh, leg, arm, fore-arm, and foot.—The General Hospital at Augusta, Me., for the sick soldiers of the regiments of that State, previous to their departure for the South, is spoken of as being well provided with everything necessary for the comfort of its inmates. Dr. Buxton has the management of it. The whole number now within it is stated to be 115—80 of whom are convalescent.—Prof. Titus Deville, late of Chicago, Ill., and Emeritus Professor of Anatomy in the Medical Department of Lind University in that city, has been appointed to the chair of Practical Anatomy for the Winter Term, and to that of Surgical Anatomy for the Summer Term, in the Manchester Royal School of Medicine and Surgery, in England.—Dr. Alfred Hitchcock, of Fitchburg, a member of the Executive Council of this State, has been sent by the Governor to look after the Massachusetts troops in the Burnside Expedition.—Resolutions of respect to the memory of the late Hon. Samuel Appleton, of this city, have been passed by the Corporation of the Massachusetts General Hospital.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 22d, 1862.

DEATHS.

	Males.	Females.	Total.
Deaths during the week,	41	38	79
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	40.1	39.2	79.3
Average corrected to increased population,	88.44
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	0	3	6	3	0	0	1	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College—For the week ending Feb. 15th.

Mean height of Barometer,	29.870	Highest point of Thermometer,	38.0
Highest point of Barometer,	30.108	Lowest point of Thermometer,	7.0
Lowest point of Barometer,	29.628	General direction of Wind,	W N.W.
Mean Temperature,	25.3	Am't of Rain (inches), including melted snow, 0.42	

NOTICE.—The 44th Part of Braithwaite's Retrospect was mailed from this office, on February 18th, to all those members of the Massachusetts Medical Society whose names appear on the Treasurer's books as having paid their assessment.

TO CORRESPONDENTS.—The following communications have come to hand, and will receive early attention:—Prof. Chapman's Obstetric Clinique of the Long Island College Hospital for the month of November; Dr. Hayes's Remarks on Galvanised Water Pipes; Surgeon Thompson's Report of the Sick, &c., in the 12th Maine Regiment, at Ship Island; and Dr. Taft on the Use of Diuretics.

DEATHS IN BOSTON for the week ending Saturday noon, February 22d, 79. Males, 41—Females, 38.—Inflammation of the bowels, 1—disease of the brain, 1—bronchitis, 6—consumption, 15—convulsions, 2—croup, 3—debility, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 9—scarlet fever, 7—typhoid fever, 1—disease of the heart, 1—infantile diseases, 6—intemperance, 3—disease of the kidneys, 1—laryngitis, 1—congestion of the lungs, 2—inflammation of the liver, 3—menstrual, 1—old age, 1—premature birth, 1—scrofula, 2—disease of the spine, 1—suicide, 1—syphilis, 1—tabes mesenterica, 1—teething, 1—unknown, 2—wh.oping cough, 2.

Under 5 years of age, 47—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 62—Ireland, 11—other places, 6.